



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Guadalupe Regional Medical Center

**Respondent Name**

American Zurich Insurance Co

**MFDR Tracking Number**

M4-16-2039-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

March 18, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** No position statement submitted.

**Amount in Dispute:** \$1,183.41

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines.

**Response Submitted By:** Flahive, Ogden & Latson

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 19, 2015	Outpatient hospital services	\$1,183.41	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers compensation jurisdictional fee schedule adjus
  - 97 – the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

### **Issues**

1. What is the Medicare payment rule?
2. What is the applicable rule that pertains to reimbursement?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The carrier denied the services in dispute as 97 – “the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.” 28 Texas Administrative Code 134.403 (d) states, “For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided...”

The Medicare Claims processing Manual found at [www.cms.hhs.gov](http://www.cms.hhs.gov) defines the terms, Status Indicators, APC Payment Groups and Composite APCs as follows:

#### **10.1.1 - Payment Status Indicators**

*An OPPS payment status indicator is assigned to every HCPCS code. The status indicator identifies whether the service described by the HCPCS code is paid under the OPPS and if so, whether payment is made separately or packaged. The status indicator may also provide additional information about how the code is paid under the OPPS or under another payment system or fee schedule. For example, services with status indicator A are paid under a fee schedule or payment system other than the OPPS. Services with status indicator N are paid under the OPPS, but their payment is packaged into payment for a separately paid service. Services with status indicator T are paid separately under OPPS but a multiple procedure payment reduction applies when two or more services with a status indicator of T are billed on the same date of service.*

*The full list of status indicators and their definitions is published in Addendum D1 of the OPPS/ASC proposed and final rules each year. The status indicator for each HCPCS code is shown in OPPS Addendum B.*

Review of the claims in dispute at listed on DWC060 finds the following:

- Procedure code 82962 has a status indicator of N.
- Procedure code 87070 has a status indicator of N.
- Procedure code 87075 has a status indicator of N.
- Procedure code 87077 has a status indicator of N.
- Procedure code 87186 has a status indicator of N.
- Procedure code 87205 has a status indicator of N.
- Procedure code 99215 has a status indicator of B.

Addendum D1 found at, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1613-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>, CY 2015 OPPS Addenda, defines the applicable status indicators as follows:

B - Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x). **Not paid under OPPS.**

- May be paid by MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPS.
- An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x) may be available.

N - Items and Services Packaged into APC Rates Paid under OPPS; payment is packaged into payment for other services. Therefore, **there is no separate APC payment.**

2. The total allowable reimbursement for the services in dispute is \$0.00. The amount previously paid by the insurance carrier is \$0.00. The requestor is seeking additional reimbursement in the amount of \$0.00. This amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based on the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### **Authorized Signature**

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**